

# Aylesbury RFC Membership 2017/18



Please ensure ALL sections of the form are completed. Your details are required to ensure you/your child will be covered by Perkins Slade Insurance and allow you/your child to be registered to play for Aylesbury RFC for the 2017/18 season. All details will be shared with the RFU via their Game Management System (GMS).

New Member

Member Renewal

## Contact Details - Primary Member

Title (Mr, Mrs, Miss, Ms, Dr, Other)

First Name

Middle Names

Last Name

D.O.B.

Occupation

Role within club (see glossary A)

Ethnicity (see glossary B)

Qualification (see glossary C)

Phone (Home)

Mobile

Email Address

Address

Post Code

## Contact Details - Joint Member

Title (Mr, Mrs, Miss, Ms, Dr, Other)

First Name

Middle Names

Last Name

D.O.B.

Occupation

Role within club (see glossary A)

Ethnicity (see glossary B)

Qualification (see glossary C)

Phone (Home)

Mobile

Email Address

Address

Post Code

# Additional Players

## Player One / Senior Player

First Name	Middle	Last
D.O.B. (DD/MM/YY)		Rugby Age Group on 01/09/17
Ethnicity	Country of Birth	Town of Birth
School / College / University (Complete only if in Full Time Education)		

## Player Two

First Name	Middle	Last
D.O.B. (DD/MM/YY)		Rugby Age Group on 01/09/17
Ethnicity	Country of Birth	Town of Birth
School / College / University (Complete only if in Full Time Education)		

## Player Three

First Name	Middle	Last
D.O.B. (DD/MM/YY)		Rugby Age Group on 01/09/17
Ethnicity	Country of Birth	Town of Birth
School / College / University (Complete only if in Full Time Education)		

## Player Four

First Name	Middle	Last
D.O.B. (DD/MM/YY)		Rugby Age Group on 01/09/17
Ethnicity	Country of Birth	Town of Birth
School / College / University (Complete only if in Full Time Education)		

# Player 1: Medical Consent Form 2017/18

To ensure we have accurate and up to date medical information for you/your child while at ARFC, please read and complete all fields below. This form will need to be completed for every playing member. This information is strictly confidential and will only be disclosed to medical personnel in the event of an injury necessitating medical treatment. Please complete the form in BLOCK capitals.

Players Full Name:	
D.O.B. (DD/MM/YY)	Rugby Age Group no 01/09/2017
Address:	
Post Code:	Gender:    Male <input type="checkbox"/> Female <input type="checkbox"/>

In case of emergency, please contact:

Name:	Relationship to player:
Phone Home:	Mobile:
Email Address:	

Please detail any health condition, physical, emotional or learning disabilities, or other factors that may limit full participation in any rugby activity.

Please highlight any previous injury or medical condition that would require special first aid treatment should another injury occur?

Has Player had a tetanus inoculation in the last 5 years     YES /  NO    If yes (d/m/y):    /    /

Is Player a contact lens wearer?     YES             NO

Is Player subject to:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Motion Sickness	<input type="checkbox"/> Severe Allergies	<input type="checkbox"/> Seizures
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Headaches	<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Dislocations

Other:

Please provide details of any medication required to deal with the above medical conditions:

GP Name:
GP Phone:
GP Address:
Post Code:

## Player 1: Medical Consent Continued

I give my consent to medical and/or dental treatment being given if required, including the administering of a general anaesthetic and to surgical operation in the event of an emergency, in accordance with the recommendation of a suitable qualified medical practitioner. I also understand that in such an occurrence that all reasonable steps will be taken to contact the next of kin listed in the emergency section overleaf.

Signed:

Date:

Name:

## Medical Condition / Injury Notification

As a player/parent of a player, I agree to inform a member of ARFC Team Management / Medical personnel of any significant changes in existing medical conditions or in the development of new condition / injury that may impact on my/child playing/training involvement at the club.

I have read and agree to the above statement

## Photography and Publicity

The club's policy on photography and it's use on the club website and in the wider publicity is that video footage and photographs of youth players are not associated with names or identifying data. By participating in activities at Aylesbury Rugby Football Club you are consenting to video footage and/or photographs of your child and/or their team being used for club programmes or their publicity.

By ticking the Photography and Publicity permission box, I understand and agree to the above statement

## Player Concussion Summary

As a player/parent of a player, I can confirm that I have read the guidance provided (Don't be a HEADCASE - Player Concussion Summary), and agree to inform a Team Manager, Coach or Medical support at the club of a suspected or diagnosed case of concussion prior to any further playing/training by myself/child.

I have read and understood the above statement

## Authorisation

I confirm that to the best of my knowledge, the information provided is accurate, and I/my child suffers from no other medical conditions other than those detailed in the sections overleaf.

Signature:

Print name:

Date:

Name of player:

To be completed by M & J sections only

Relationship to player:

To be completed by M & J sections only

# Player 2: Medical Consent Form 2017/18

To ensure we have accurate and up to date medical information for you/your child while at ARFC, please read and complete all fields below. This form will need to be completed for every playing member. This information is strictly confidential and will only be disclosed to medical personnel in the event of an injury necessitating medical treatment. Please complete the form in BLOCK capitals.

Players Full Name:	
D.O.B. (d/m/y)	Age Group
Address:	
Post Code:	Gender:    Male <input type="checkbox"/> Female <input type="checkbox"/>

## In case of emergency, please contact:

Name:	Relationship to player:
Phone Home:	Mobile:
Email Address:	

## Please detail any health condition, physical, emotional or learning disabilities, or other factors that may limit full participation in any rugby activity.

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## Please highlight any previous injury or medical condition that would require special first aid treatment should another injury occur?

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Has Player had a tetanus inoculation in the last 5 years     YES /  NO    If yes (d/m/y):    /    /

Is Player a contact lens wearer?     YES     NO

Is Player subject to:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Motion Sickness	<input type="checkbox"/> Severe Allergies	<input type="checkbox"/> Seizures
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Headaches	<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Dislocations

Other:

## Please provide details of any medication required to deal with the above medical conditions:

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GP Name:

GP Phone:

GP Address:

Post Code:

## Player 2: Medical Consent Continued

I give my consent to medical and/or dental treatment being given if required, including the administering of a general anaesthetic and to surgical operation in the event of an emergency, in accordance with the recommendation of a suitable qualified medical practitioner. I also understand that in such an occurrence that all reasonable steps will be taken to contact the next of kin listed in the emergency section overleaf.

Signed:

Date:

Name:

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Signature:

Print name:

Date:

Name of player:

To be completed by M & J sections only

Relationship to player:

To be completed by M & J sections only

# Player 3: Medical Consent Form 2017/18

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Players Full Name:	
D.O.B. (d/m/y)	Age Group
Address:	
Post Code:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

In case of emergency, please contact:

Name:	Relationship to player:
Phone Home:	Mobile:
Email Address:	

Please detail any health condition, physical, emotional or learning disabilities, or other factors that may limit full participation in any rugby activity.

Please highlight any previous injury or medical condition that would require special first aid treatment should another injury occur?

Has Player had a tetanus inoculation in the last 5 years  YES /  NO If yes (d/m/y): / /

Is Player a contact lens wearer?  YES  NO

Is Player subject to:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Motion Sickness	<input type="checkbox"/> Severe Allergies	<input type="checkbox"/> Seizures
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Headaches	<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Dislocations

Other:

Please provide details of any medication required to deal with the above medical conditions:

GP Name:
GP Phone:
GP Address:
Post Code:

## Player 3: Medical Consent Continued

I give my consent to medical and/or dental treatment being given if required, including the administering of a general anaesthetic and to surgical operation in the event of an emergency, in accordance with the recommendation of a suitable qualified medical practitioner. I also understand that in such an occurrence that all reasonable steps will be taken to contact the next of kin listed in the emergency section overleaf.

Signed:

Date:

Name:

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Signature:

Print name:

Date:

Name of player:

To be completed by M & J sections only

Relationship to player:

To be completed by M & J sections only



# Player 4: Medical Consent Form 2017/18

To ensure we have accurate and up to date medical information for you/your child while at ARFC, please read and complete all fields below. This form will need to be completed for every playing member. This information is strictly confidential and will only be disclosed to medical personnel in the event of an injury necessitating medical treatment. Please complete the form in BLOCK capitals.

Players Full Name:

D.O.B. (d/m/y)

Age Group

Address:

Post Code:

Gender:

Male

Female

In case of emergency, please contact:

Name:

Relationship to player:

Phone Home:

Mobile:

Email Address:

Please detail any health condition, physical, emotional or learning disabilities, or other factors that may limit full participation in any rugby activity.

Please highlight any previous injury or medical condition that would require special first aid treatment should another injury occur?

Has Player had a tetanus inoculation in the last 5 years  YES /  NO If yes (d/m/y): / /

Is Player a contact lens wearer?  YES  NO

Is Player subject to:

Asthma

Motion Sickness

Severe Allergies

Seizures

Dizziness

Headaches

Nose Bleeds

Dislocations

Other:

Please provide details of any medication required to deal with the above medical conditions:

GP Name:

GP Phone:

GP Address:

Post Code:

## Player 4: Medical Consent Continued

I give my consent to medical and/or dental treatment being given if required, including the administering of a general anaesthetic and to surgical operation in the event of an emergency, in accordance with the recommendation of a suitable qualified medical practitioner. I also understand that in such an occurrence that all reasonable steps will be taken to contact the next of kin listed in the emergency section overleaf.

Signed:

Date:

Name:

## Medical Condition / Injury Notification

As a player/parent of a player, I agree to inform a member of ARFC Team Management / Medical personnel of any significant changes in existing medical conditions or in the development of new condition / injury that may impact on my/child playing/training involvement at the club.

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Signature:

Print name:

Date:

Name of player:

To be completed by M & J sections only

Relationship to player:

To be completed by M & J sections only

**Disability (see glossary D):**

Do you/your family members listed previously have any health problems or disabilities that limit your daily activity (see glossary D)? If yes, please provide details below.

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**Membership Categories / Prices**

ARFC Membership 2017 / 18	Price		No. Of Memberships	Total
Adult: Playing	£84.00	x		£
Adult: Non Playing (Social)	£60.00	x		£
Second Adult: Non Playing (50% discount e.g. Partner, Wife)	£30.00	x		£
Non Playing Vice President	£72.00	x		£
University Student	£42.00	x		£
Family Package (Max. 2x Adults + 1 Playing Child)**	£114.00	x		£
Additional Playing Child (£24 per child - Up to Children)*	£24.00	x		£
Player - Full Time Education	£40.00	x		£
Admin Fee (applies to all applications)				£2.40
<b>Grand Total</b>				<b>£</b>

**Payment**

Payment can be made by the following methods  
(please tick method you will be opting for)

Direct Debit* (Website only)		One-off Card Payment	Cash
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\*6 x Monthly payments / only available to access until September 30th

Signature:

Print Name:

Date:

**Gift Aid & Additional Donations**

If you would like to support ARFC with an additional donation to support the Club Development Fund please tick or enter the amount below.

£10       £20       Other Amount £ \_\_\_\_\_

In order to Gift Aid your donation please tick the box and sign below.  I would like to Gift Aid my donation.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

Signature \_\_\_\_\_

Official Use Only: Official Please sign and print name:

Membership & Medical Form Checked by Team Manager	Cheque/Card/Cash Receipts Attached:	GMS Updated (Date):

**Thank you for taking the time to complete this form and submit your payment!**

# Aylesbury RFC Membership - Glossary

<b>Glossary A - Roles</b>
Chairman
Coaching Coordinator
Community Rugby Coach (RFU)
Competition Manager
Competition Administer
Discipline Secretary
Doctor
Fixture Secretary
Hon. Secretary
Hon. Treasurer
International Ticket Coordinator
League Secretary
Match Administrator
Physio
President
Press Officer
Referee Coordinator
Secretary
Shop
Volunteer Coordinator
Safeguarding
Asst. Team Manager
Treasurer
Match Official Contact
League Secretary
Vice President
Director of Rugby
Club Captain
Past President
Team Captain
Team Manager
Volunteer
Membership Secretary
First Aider
Referee Liaison Officer
Mini & Youth Chairman
Fixture Secretary
Committee
Grounds person
Fundraising
Touch Judge

<b>Glossary B - Ethnicity</b>
White: British
White: Irish
White: Other
Mixed: White & British Caribbean
Mixed: White & British African
Mixed: White & British Asian
Mixed: White & British Other
Asian & Asian British: Indian
Asian & Asian British: Pakistan
Asian & Asian British: Bangladesh
Asian & Asian British: Other
Black or Black British: Caribbean
Black or Black British: African
Black or Black British: Other
Chinese
Other Ethnic Group
Prefer Not To Say
Not Specified

<b>Glossary D - Disability</b>
Unknown
Prefer Not To Say
Sensory Disability
Learning Disability
Physical Disability

<b>Glossary C - Rugby Qualifications</b>
Rugby Activator Award
Rugby Ready
Rugby Smart
Scrum Factory
Safeguarding: Play it Safe
Safeguarding: In Touch
Foundation: Kids First – Tag Rugby (3hrs)
UKCC Level 1
UKCC Level 2
UKCC Level 3
UKCC Level 4
CPD: Scrum Factory 2
CPD: Managing Contact
CPD: Coaching Continuity in the 15-a-side Game
CPD: Coaching Back Attack in the 15-a-side Game
CPD: Coaching Defence in Phase Play in the 15-a-side Game
CPD: Coaching Half Back Play in the 15-a-side Game
CPD: Coaching Kicking in the 15-a-side Game
CPD: Coaching Maul & Ruck in the 15-a-side Game
CPD: Coaching the Lineout in the 15-a-side Game
CPD: Team Selection
CPD: Coaching 7-a-side Rugby
Advanced CPD: Goal Setting
Advanced CPD: Performance Analysis
Advanced CPD: Game Planning
Advanced CPD: Planning & Periodisation
Advanced CPD: Player Profiling
Advanced CPD: Director of Rugby Course

<b>Match Officials</b>	
Refereeing: Level 1 (Children)	CPD: Refereeing the Tackle & Ruck
Refereeing: Level 2 (15-a-side Game)	CPD: Advantage
CPD: Match Preparation	CPD: Practical Refereeing
CPD: Game Understanding - Open Play	CPD: Discipline Report Writing
CPD: Game Understanding - Set Piece	CPD: Feedback & the Review Process
CPD: Communication & Management	CPD: Assistant Referee
CPD: Refereeing the Scrum	CPD: Managing Captains & Coaches
CPD: Refereeing the Line Out	Young Leaders Course
CPD: Refereeing the Maul	